

Division of Workers Compensation
KANSAS DEPARTMENT OF HUMAN RESOURCES

800 S.W. Jackson Street, Suite 600, Topeka, KS 66612-1227
phone 785-296-3441 • fax 785-291-3430
<http://www.hr.state.ks.us/wc/html/wc.htm> • workerscomp@hr.state.ks.us

DO NOT WRITE IN THIS SPACE

Full Name of
Deceased Employee _____

Social Security Number _____

Address at Time of Death _____

City _____ State _____ Zip _____

Name of Employer _____

Address _____

City _____ State _____ Zip _____

Insurance Carrier _____

**SURVIVING SPOUSE,
DEPENDENT OR HEIR
APPLICATION FOR
HEARING**

ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE

Date of accident or disease _____, _____ Hour _____ .M. Date of death _____, _____.

How did accident occur? _____

In what county did accident occur? _____ at or near (city) _____ (state) _____

If accident did not happen within state of Kansas, county where hearing could be most conveniently held? _____

SURVIVING SPOUSE, DEPENDENTS OR HEIRS

| <u>Name</u> | <u>Address</u> | <u>Age</u> | <u>Relationship</u> |
|-------------|----------------|------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Applicant's Printed Name

Applicant's Signature

Date

DO NOT WRITE IN THIS SPACE

Attorney for Applicant _____

Attorney's Printed Name _____

Address _____

Kansas Supreme Court Number _____

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that social security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.